C-2 Rev. 7/97

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I							
Name of Candidate or Political Co	mmittee and Chairperson		0	ffice Sought (if candidate)	District (if any)		
Dell Raybould			State Rep., -	AM 9:3349			
Mailing Address	☐ Check if address change.	City and Zip		ome Phone 4	Work Phone		
3215 North 2	000 West	Rexburg 8	33440	<u> 208-356-6837</u>	208-313-5101		
Ron Walker				OTATE OF	O		
Mailing Address	☐ Check if address change.	City and Zip	Н	ome Phone	Work Phone		
124 East Main	n Street	-	1		208-356-3677		
Section II					1-00 000 0077		
TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from01 _/_01 _/_04 through05 _/_09 _/_04							
☑ 7 Day Pre-Primar	y Report	Day Pre-General Rep		Quarterly (April 30) ally filed by ballot mea	sure committees)		
☐ 30 Day Post-Prim	ary Report □ 30	Day Post-General R	Report		,		
☐ October 10 Pre-G	eneral Report	nnual Report		Quarterly (July 30) 1ly filed by ballot mea	sure committees)		
Is this Report as	n amendment?	Ď No	Is this a Ter	mination Report?	l Yes ⊠ No		
Section III	STATEMENT OF NO	O CONTRIBUTION	NS OR EXF	PENDITURES			
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. □ I hereby certify that I have received no contributions and have made no expenditures during this reporting period from/							
Section IV		SUMMARY					
To reach your Calendar Yea figures to the Column II figu		report's Column I			COLUMN II ndar Year to Date		
Line 1: Cash on Hand Janua Line 2: Enter Cash Balance Line 3: Total Contributions Line 4: Subtotal (Add lines Line 5: Total Expenditures (Line 6: Cash Balance at Clo *This same figure should be **You must report the cash Note that the closing cash b	at Close of Last Reporting (Enter amount from page 2 1, 2 and 3) (Enter amount from page 2) se of Period (Subtract line seentered on line 1 of all repon hand at both the beginn) 5 from line 4)** Forts filed this calending of the reporting p	\$ 3,9 \$ 3,9 \$ 3,8 \$ 3,8 lar year.	969.92 \$	3,969.92 XXXXXX 0 3,969.92 100.00 3,869.92 ag period. sh on hand.		
Section V	CONTRIBUTIONS 1	PLEDGED - INCIU	DDFD EYD	FNDITHDEC			
Contributions Pledged d	uring this reporting period	but not yet received:	: E None	□\$ (s	see attached Schedule C-2A)		
Incurred Expenditures of	during this reporting period	but not yet paid:	☑None	□\$ (s	see attached Schedule C-2B)		
	Section VI	CEF	RTIFICATI	ON			
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080	1	on Walker (name of Political Treasurer) s a true, complete an			y that the information closure Report as		
fax: (208) 334-2282							
Signature of Political Treasurer							

Page 1

DETAILED SUMMARY PAGE

Name of Candidate of Committee	Report Covering the Period
Dell Raybould	From <u>01 / 01/04</u> to <u>05 / 09/04</u>
	ZED CONTRIBUTIONS ty Dollars (\$50.00) or Less This Period
Total Number <u>0</u>	Total Amount \$0
	IZED EXPENDITURES n Twenty-Five Dollars (\$25.00) This Period
Total Number <u>0</u>	Total Amount \$0

	,	Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	0
Itemized Contributions (total all Schedule A sheets)	\$	0
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	0
Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	0
Itemized Expenditures (total all Schedule B sheets)	\$	100.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	100.00

SCHEDULE B ITEMIZED EXPENDITURES

Page of 1

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee

Dell Raybould

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	House Republican Caucus State Capital Building P.O. Box 83720		
02/02/04	Boise, Idaho 83720-0038	\$100.00	\$
Purpose of Abo	ove Expenditure: Fundraiser Donation		
	2.		
//		\$	\$
Purpose of Abo	ove Expenditure:		
	3.		
		\$	\$
Purpose of Abo	ove Expenditure:		
	4.		
		s	\$
Purpose of Abo	ove Expenditure:		
	5.		
		\$	s
Purpose of Abo	ve Expenditure:		<u> </u>
	6.	1	
//		\$	\$
Purpose of Abo	ve Expenditure:	-,	
	7.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	8.		
		\$	\$
Purpose of Abov	ve Expenditure:		<u> </u>
	9.		
//		\$	\$
Purpose of Abov	ve Expenditure:		
	Subtotals of Columns A & B	s100.00	\$
	Total This Page (add columns A & B)		\$ 100.00